

AUG 29 2005

**FAX TRANSMISSION****DATE:** August 29, 2005**PTO IDENTIFIER:** Application Number 09/739089-Conf. #3243  
Patent Number**Inventor:** Constantinos BALAS**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 278-8300**FROM:** LAHIVE & COCKFIELD, LLP  
Maria Laccotripe Zacharakis, Ph.D. J.D.**PHONE:** (617) 227-7400**Attorney Dkt. #:** FRN-002RCE**PAGES (Including Cover Sheet):** 4**CONTENTS:** This Fax Cover Sheet (1 page)  
Certificate of Transmission (1 page)  
Transmittal (1 page)  
Status Inquiry for application 09/739089 (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

**LAHIVE & COCKFIELD, LLP**  
28 State Street, Boston, Massachusetts 02109  
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/SB/87 (08-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

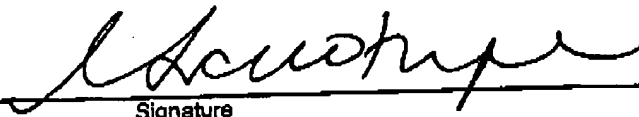
Application No. (if known): 09/739089

Attorney Docket No.: FRN-002RCE

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on August 29, 2005  
Date



Signature

Maria Laccotripe Zacharakis, Ph.D., J.D.

Typed or printed name of person signing Certificate

56,268

Registration Number, if applicable

(617) 227-7400

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fax Cover Sheet (1 page)

This Certificate of Transmission (1 page)

Transmittal (1 page)

Status Inquiry for application 09/739089 (1 page)

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

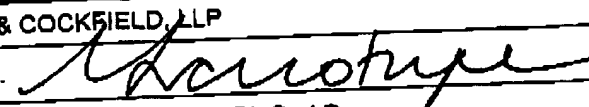
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/739,089
	Filing Date	December 15, 2000
	First Named Inventor	Constantinos Belas
	Art Unit	3765
	Examiner Name	P. Nerbun
Total Number of Pages in This Submission	Attorney Docket Number	FRN-002RCE

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Inquiry <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Maria Laccotripe Zacharakis, Ph.D. J.D.		
Date	August 29, 2005	Reg. No.	56,266

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8900 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 29, 2005

Signature:

Maria Laccotripe Zacharakis, Ph.D. J.D.

RECEIVED  
CENTRAL FAX CENTER

AUG 29 2005

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 29, 2005

Signature:

Maria Laccotripe Zacharakis, Ph.D. J.D.

Docket No.: FRN-002RCE  
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Constantinos Balas

Application No.: 09/739,089

Confirmation No.: 3243

Filed: December 15, 2000

Art Unit: 3765

For: METHOD AND SYSTEM FOR  
CHARACTERIZATION AND MAPPING OF  
TISSUE LESIONS

Examiner: P. Nerbun

**STATUS INQUIRY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This communication is in response to the Office communication dated February 10, 2005 indicating that *ex parte* prosecution has been suspended for the above-referenced application due to a potential interference. It is respectfully requested that the attorney named below be advised of the status of the potential interference.

Applicant believes that no fee is due with this statement. However, if a fee is due, please charge our Deposit Account No. 12-0080, under Order No. FRN-002RCE from which the undersigned is authorized to draw.

Dated: August 29, 2005

Respectfully submitted,

By

Maria Laccotripe Zacharakis, Ph.D. J.D.

Registration No.: 56,266

LAHIVE &amp; COCKFIELD, LLP

28 State Street

Boston, Massachusetts 02109

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicant